

22. *On some of the Prevalent Errors in relation to the Predisposition to Hysteria.*—M. BRIQUET believes that most writers have been indebted more to their imagination than to the observation of facts for the pictures they have drawn of this disease. It has been attributed, by most of them, either to unsatisfied sexual desires or to excessive excitement of the uterus and its appendages, and a fanciful etiology to correspond has been invented. The object of this paper is to show that these and other preconceived ideas have no solid foundation in fact.

1. The *hysterical constitution*, about which so many positive assertions have been made, has, in fact, no existence, the affection occurring in women having the most opposite external appearances. The author examined 425 cases of hysteria in this point of view; of these, as regards height, 127 were tall, 168 medium size, and 106 short; as to strength, 99 were strong, 36 medium, and 26 weak; as to flesh, 194 were stout, 106 medium, and 92 thin and spare; as to colour, 220 were fair, and 164 dark, 27 having the hair light, 39 black, 177 light chestnut, and 188 deep chestnut. In 168 the face was pale or brownish, and in 174 fresh coloured. Thus it will be seen these were the ordinary varieties met with among women in general.

2. The *temperament* is also various enough. The following is the classification M. Briquet made of 383 cases. In 143, it was lymphatico-sanguineous, in 125 lymphatic, in 91 nervous or lymphatico-nervous, in 12 bilious, and in 11 sanguineous. These are evidently very much the proportions that are found in females of from 15 to 30, part inhabitants of the country, and part of the towns, as was the case with these. At all events, there is no temperament that can properly be called hysterical.

3. *Moral Disposition.*—That which is not discoverable in the physical constitution of hysterical females is, however, very evident in their moral disposition. So much is this the case that, of 430 cases occurring to the author, not more than 20, at the utmost, have not manifested it. The characteristic of this is marked *impressionability*, foreshadowed in childhood by great timidity, excessive susceptibility to blame, and a disposition to shed tears easily.

4. *Mode of Life.*—Another of the axioms that has been laid down as undoubted, is that hysteria is the prerogative of the wealthy and luxurious, and that poverty is a security against its occurrence. It is a complete error: the common people being the subjects of hysteria in almost a double proportion to the other classes. At a particular epoch, M. Briquet visited all the female patients in the medical and surgical wards of La Charité, with the exception of those suffering from epilepsy, apoplexy, insanity, or delirium. The number amounted to 203, and of these 65 were hysterical (38 with convulsive paroxysms), 49 were impressionable, and 89 only were neither hysterical nor impressionable. Thus, among the common people, there was 1 woman in 5 who had hysterical paroxysms, and 3 out of every 8 were the subjects of hysteria. So far from being exaggerated, the statement is rather below the truth. But where is the practitioner who meets with 3 cases of hysteria among 8 of his private patients? According to the experience of many M. Briquet has consulted upon the subject, there is about 1 in 8 or 10 in the easy classes of society, not alluding to the very highest. The charms and simplicity of a country life, too, have been sufficiently praised, and nervous diseases have been said to be the almost exclusive affliction of civic life. M. Forget, in 1847, somewhat startled this belief by showing how frequently hysteria occurs among the simple Alsatian peasantry. M. Briquet has obtained cognizance of the place of abode, and of early education, in 324 cases of hysteria, and of these, 168 were town-born and bred, and 156 from the country, the majority of these latter having, in childhood, laboured in the fields. In the case of 42 of these country girls, their mothers had been hysterical, 29 suffering from paroxysmal attacks. Professor Lebert, of Zurich, also assures the author that hysteria is just as often seen in the poverty-stricken cantons of Switzerland as in the most flourishing ones. A too tender and luxurious education has been assigned as a predisposing cause; but of 81 cases of hysteria occurring before the age of puberty, in 21 the harsh treatment they had been subjected to was the principal cause of the disease. A third portion of the author's collection of cases had been

submitted to ill-treatment or privation during childhood. In place of a tender education being assigned as a predisposing cause, it would be more just to thus stigmatize a harsh one.

5. *Continence* has been stated by many authors as an unnatural condition, predisposing to hysteria; but when it is remembered that the majority of cases occur between 12 and 20, we naturally ask at what age it becomes unnatural, as also for the explanation of the occurrence of the disease in 86 children under 11 years of age. Various authors since the time of Galen have deplored the fate of widows, as the necessary victims of hysteria: but, in point of fact, their solicitude has been little needed, inasmuch as among 375 cases collected by Landovsky, only 12 of the subjects were widows, as were only 14 in the author's own 430 cases, *i. e.*, 26 in 800 cases, or 1 in 30. Of the author's 14 cases, too, in 6 the hysteria appeared on the day of the husband's death, and in 4 during the first month after it, and should surely, with more probability, be referred to moral emotion. Hysteria has been said to be, on the one hand, common among nuns, and, on the other, rare among women who give free vent to their sexual desire. But, in point of fact, it is rare in convents, and is chiefly found in those in which there is great fasting and maceration. The reverse position so strongly maintained by authors may also be disposed of. Thus, of 300 hysterical females, above the age of 15, 139 were married or kept women, and among them had 367 children, not counting miscarriages. Among the 161 remaining, very few resigned themselves to continence. At the Lourcine, where syphilitic work-women and servants repair, among 424 patients, 169 were hysterical. As to prostitutes, of 197 applying to St. Lazare, on account of syphilis, 106 were hysterical, 28 very impressionable, and 65 neither hysterical nor impressionable. It results, from all this, that continent women are rarely hysterical; those who do not observe continence are frequently the subjects of hysteria; while those who pursue the extreme of incontinence are the most liable of all. The reason is obvious. Among these different classes of women, the first lead peaceable lives, the second have much to go through, while the last are a prey to frequent and violent emotions. Next, we may consider the effects of marriage on hysterical women, which, to judge from the statements made, have been truly remarkable. But, among M. Landovsky's and the author's 800 cases, in only 29 instances did decided advantage follow marriage, notwithstanding the complex character of the modification ensuing upon this state.

6. *Menstruation and Affections of the Uterus*.—This class of influences has been raised to the highest rank by those writers who are determined at placing the seat of hysteria in the uterus. 1. This has been supported by the supposed effects of normal or abnormal conditions of the menstruation. From the author's observations, however, made on 411 hysterical women, in but 136 had there been any derangement of the menses. Of 237 deliveries of hysterical women, in but 12 were there any convulsive paroxysms, some of which, too, might have been examples of eclampsia. 2. According to authors, it is common to observe hysteria in affections of the uterus. Now these diseases are exceedingly common, and the connection ought to be easily demonstrable. But this is not the case, for Landovsky, and other partisans of the opinion, are able to collect but some 40 cases of affections of the genital organs giving rise to hysteria: few enough as compared with the thousands of cases daily occurring. Practitioners, moreover, having much to do with the various female diseases, entirely deny such connection.—*Med. Times and Gaz.*, Oct. 31, 1857, from *Union Médicale*, Nos. 36, 39, 40.

23. *Asphyxia of Submersion*.—MR. A. T. H. WATERS, from a series of experiments instituted with the view of investigating the two following questions—1st. How long the heart continues to beat in asphyxia produced by submersion; 2d. What effect the hot bath produces on an animal asphyxiated by submersion—arrives at the following conclusions:—

1. That in dogs and rabbits, when asphyxiated by submersion, the ventricles of the heart do not, as a rule, cease to contract "in a few minutes after the cessation of the functions of animal life;" but that in many instances their action continues for a very considerable period, and that in all probability the same